Wyoming Prevention Framework Community Grant Report

Attachment B

| This report is for this time period | | Please email this report as an attachment to Substance Abuse & Mental Health Services Division. |
|--|--|--|
| May 1 - September 30, 2007 | 5/1/07-09/30/07 | Wyo Dept. of Health lisa.laake@health.wyo.gov |
| Today's Date County Contract Organization Name | October 15th, 2007 Sweetwater Southwest Counseling Service | For information call 1-800-535-4006 or 307-777-6494 |
| Your Name | Bridget A. Giovale | Please keep both a hard-copy and file copy for your |
| Your Mailing Address | 2300 Foothill Blvd. | records |
| City, State, Zip | Rock Springs, Wyoming 83935 | |
| Your Work Phone Number | (307)352-6677 | |
| Fax | (307)352-6614 | |
| Your Work Email Address | bgiovale@swcounseling.org | |

| | T | | Percent | | |
|------|--|---------------|------------------------|-----------|--|
| | | | Completed | | |
| | | | (or notes on amount | Date | |
| Item | Contract Deliverables | Date due | completed) | Completed | Comments or Notes |
| | Staff, Board of Directors, Volunteers, Work | | | | |
| Α | Assignments, and Technical Assistance | | | | |
| | | | | | During this time period staff resigned and position is |
| | SPF Staff Hired (report name, percent of time, | | | | currently being advertised. Supervisor and Manager are |
| 1 | email address, phone number) | 1-Feb-07 | 100% | 3/1/2007 | covering position in the interim. |
| | Supervise SPF staff/staff evaluation (note dates | | | | |
| 2 | and any notes) | | | | |
| | Name, title, and phone number of the staff's | | | | |
| 3 | supervisor | | 100% | 3/1/2007 | Laura Schmid-Pizzato MSW 352-6677 |
| | Criminal history record compliance (briefly note yes | | | | |
| | or no if any action was taken this quarterdo not | | | | |
| 4 | report names) | | 100% | 3/1/2007 | |
| | | | | | 2 Statewide Meetings, OJJDP including 2 Community |
| | | 31-September- | | | Members, Driving Under Influence Conference in Casper, |
| 5 | Staff training and paid travel | 07 | 100% | 9/31/07 | Program training for local sustainability |
| | (list all training paid under the contract, dates, | | | | |
| | traveler name, amount) | | | | \$5,679.48 |
| | Notify the Division of any board of directors/staffing | | | | |
| 6 | changes | | 100% | 8/30/2007 | Resignation of Marilyn Bastin |
| 7 | Other Contract Work Agreements (report details) | | | | |
| 8 | Complete agreement with SPF-TAC | | | | |
| 9 | Other | | | | |
| | | | | | |
| В | Needs Assessment Activities | | | | |
| | | Feb or March | | | |
| 1 | Needs Assessment Training/Winter 07 Meeting | 2007 | 100% | 3/7/2007 | |
| | | Feb or March | | | |
| | Needs Assessment Instrument Received | 2007 | 100% | 3/7/2007 | |
| | Data Collection | | 100% | 4/30/2007 | |
| | Data Analysis | | | | |
| | Priorities Identified | | · | | |
| | Needs Assessment Sent to SAD | 1-Jun-07 | 100% | | |
| 7 | Receive SAD Comments @ Needs Assessment | 15-Jun-07 | | | |
| | Revise Needs Assess/Submit Final | | 100% | 6/15/2007 | |
| 8 | Other | | | | |

| Item | Contract Deliverables | Date due | Percent Completed | Date Completed | Comments or Notes |
|------|--|----------|----------------------|-------------------|--|
| C | Community Infrastructure Activities | Date due | Completed | Completed | Confinents of Notes |
| 1 | Community Advisory Council Activities briefly list CAC activities | | | |] |
| 2 | Community Advisory Council Meetings List dates & number of people who attended | | | 9/31/07 | Meetings 6/11/07(3people) 7/9/07 (2people) 8/20/07 (4people) |
| | See below for membership report | | | | |
| | Budget and Funding Approved by CAC (attach minutes) | | | | CAC discussed budget matters at early October meeting and those minutes will be included in next quarter report. |

| C | Community Resource Assessment | | | |
|------|--|------|-----------|--|
| 4 | note date and attach report | | July | |
| 5 F | Present Findings/Process to Community | | 7/9/2007 | Included in July CAC minutes |
| (1 | Optional) local SAPST and/or CADCA Training for | | | |
| 6 8 | SAC/Community | 100% | 3/30/2007 | |
| 7 ir | Briefly describe how the community was involved in the SPF process during this reporting period Other CAC/Infrastructure | | | Still Building Community Capacity. Getting out in Community to make them aware of Grant. |

Strategic Planning Activity

| Attend Strategic Planning Training | Jul-07 | 100% | Jul-07 | |
|---|-----------|------|----------|--|
| Receive Strategic Planning Materials from SAD | | | | |
| Research Evidence Based Strategies | | | Aug-07 | |
| Match Strategies to Data/Needs | | | Aug-Sept | |
| Write Strategic Plan | | | Sep-07 | |
| Submit Strategic Plan to SAD | | 100% | Sep-07 | |
| Receive SAD Comments/Revise/Final Plan | 31-Aug-07 | | | |
| Other | | | | |

| Item | Contract Deliverables | Date due | Percent Completed | Date Completed | Comments or Notes |
|------|---|----------|----------------------|-------------------|-------------------|
| E | Implementation (only with SAD approval) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Deliverables and Assurances

| n | rts |
|---|-----|
| | |

| | Reports | | | | |
|----|---|-----------|------|------------|--|
| | For February 1 - April 30 | | | | |
| 1 | May 15: Submit this report to SAD | 15-May-07 | 100% | 5/15/2007 | |
| 2 | May 15: Submit Expenditure Report to SAD | 15-May-07 | | 5/15/2007 | |
| | | | | | |
| | For February 1 - June 30 | | | | |
| 3 | July 31: Submit CLI to SAMHSA | 31-Jul-07 | | | |
| | For May 1 - June 30 | | | | |
| 4 | July 31: Submit Expenditure Report to SAD | 31-Jul-07 | 100% | 8/29/2007 | |
| | For May 1 - September 30 | | | | |
| 5 | October 15: Submit this report o SAD | 15-Oct-07 | 100% | 10/15/2007 | |
| | For July 1 - September 30 | | | | |
| 6 | October 15: Submit Expenditure Report to SAD | 15-Oct-07 | | 10/16/2007 | |
| 7 | Complete evaluation agreement with WySAC | 30-Mar-07 | 100% | 3/30/2007 | |
| 8 | Provide any other evaluation information | | | | |
| | Submit any requested data | | | | |
| | Obtain Chapter 16 Prevention Certification | | 100% | | Prevention Certification current |
| | On-Site evaluations or reviews | | | | |
| | Post 2 newspaper ads/articles about the SPF grant | | | | Ad ran for 3 days in September in the Rocket Miner |
| 12 | (attach copy) | | 100% | 9/28/2007 | (below) |

Community Announcement

Sweetwater County recently received \$121,415 from the Wyoming Department of Health, and Mental Health and Substance Abuse Services Division to work on reducing the misuse of alcohol through the Strategic Prevention Framework State Incentive Grant. A community needs assessment was completed in the areas of retail availability, social availability, community norms, criminal justice, promotion, and individual factors. This peeds accommend house the validation of the control of the con individual factors. This needs assessment showed that the priority areas in Sweetwater County are underage drinking as well as reducing the rate of DUI's.

The next step in the Prevention Framework is to implement a comprehensive community strategic plan. This strategic plan was developed with collaboration from various community agencies:
Sweetwater Family Resource Center, WIC, YWCA, Sweetwater County
Attorney's Office, Community Nursing, Southwest Counseling Service,
and Wyoming Quit Tobacco. Strategies to be implemented include:
0-0-1-3 Project, Communities Mobilizing for Change on Alcohol, and Project SAFER.

If you would like to assist with this project, please attend the next meeting of the Community Advisory Council on October 4th, 7pm at 2300 Foothill Blvd, Rock Springs or contact Laura Schmid-Pizzato at Southwest Counseling Service (307) 352-6677.

RAM 9/24,9/27 \$9/58

| | | | Percent | Date | |
|------|--|----------|-----------|-----------|--|
| Item | Contract Deliverables | Date due | Completed | Completed | Comments or Notes |
| G | Other Information | | | | |
| | Briefly describe any actions taken by the LEAD | | | | |
| | AGENCY (fiscal agency) board of directors or high | | | | |
| 1 | level staff around the SPF SIG grant | | | | |
| | Restricted activities (report any approval requested | | | | |
| 2 | and received for these) | | | | |
| | fairs/brochures/educational materials | | | | |
| | media | | | | |
| | | | | | |
| | Please note any significant changes from the | | | | |
| 3 | budget submitted in the application. | | | | |
| | What was the one greatest accomplishment this | | | | |
| | reporting period? How was this accomplishment | | | | Completed Strategic Plan, which was share with the CAC |
| 4 | shared with the community? | | | | and included brief information in Newspaper. |
| | What was the one greatest barrier this reporting | | | | |
| 5 | period? What was done to address this barrier? | | | | |
| | Please briefly list any significant changes or | | | | |
| 6 | information related to this grant | | | | |
| | Please provide input and recommendations about | | | | |
| | technical assistance provided by SAD and SAD | | | | |
| 7 | contractors | | | | |

COMMUNITY ADVISORY COUNCIL

| Member's Name | Date first joined | Number of meetings attended (total to date) | Please note if this is a representative of the sectors listed on page 6 of the application instructions. | Agency or Constituency Represented |
|-----------------|-------------------|--|--|------------------------------------|
| Terri Nations | | 2 | yes | Wyoming Quit Tobacco |
| Sharon Pribyl | | 3 | yes | WIC |
| Kathy Garrison | | 3 | yes | Sweetwater Family Resource Center |
| Jean Wade | | 4 | yes | YWCA |
| Sheila Smith | | 2 | no | Southwest Counseling Service |
| Wendy Isaac | | 2 | no | Southwest Counseling Service |
| Brian Kaumo | | 1 | yes | Sweetwater School District #1 |
| Dan Futia | | 1 | yes | D.A.R.E. Program Green River |
| Russ Petek | | 0 | yes | D.A.R.E. Program Rock Springs |
| Janine Jackelen | | 1 | yes | WHI |
| Brett Johnson | | 3 | no | County Attorney |
| Linda Cornell | | 2 | yes | Community Nursing |
| Bridget Giovale | | 3 | no | Southwest Counseling Service |
| Lisa Plant | • | 0 | yes | Community Connections |
| Tim Kaumo | • | 0 | yes | Rock Springs Mayor |
| Ted York | • | 1 | no | City of Green River Council F829 |
| | | | | |